

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/537128 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

							CLAIMS						
	AS FILED		AFTER I"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTER	
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TOTAL DEP		<b>*</b>	11	4		<b>♦</b> ■	TOTAL DEP		<b>4</b>		40		<b>4</b> m
TOTAL CLAIMS			19		{{\S}}		TOTAL CLAIMS	7.00					